RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Marion Oaks Assisted Living
3590 Sw 137th Loop
Ocala, FL 34473

Dear Administrator:

This letter reports the findings of a State Licensure Revisit Survey conducted on 20, 2016 by representative(s) of this office.

Enclosed is the provider's copy of the State (3020) Form, which indicates the deficiencies corrected during the visit, uncorrected deficiencies and/or new deficiencies that were identified on the day of the visit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Chuck Bory at (386) 462-6201.

Sincerely,

Charles Bory Rn

Kriste J. Mennella
Field Office Manager

KJM/CB
Enclosure

YOSF

Alachua Field Office
14101 N.W. Hwy 441, Suite 800
Alachua, FL 32615-5669
Phone:(386) 462-6201; Fax:(386) 418-5300
AHCA.MyFlorida.com

Facebook.com/ACHAFlorida
Youtube.com/AHCAFlorida
Twitter.com/AHCA_FL
SlideShare.net/AHCAFlorida

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968660	R 07/20/2016
NAME OF PROVIDER OR SUPPLIER **MARION OAKS ASSISTED LIVING**	STREET ADDRESS, CITY, STATE, ZIP CODE **3590 SW 137TH LOOP** **OCALA, FL 34473**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

A follow up to the biennial survey was conducted at Marion Oaks Assisted Living Facility, License # 12557. Marion Oaks Assisted Living Facility had deficiencies at the time of the survey.

0078 Staffing Standards - Staff

Based on record review and interview, the facility failed to obtain a written statement from a health care provider documenting freedom from signs and symptoms of communicable for 2 of 3 staff reviewed (Staff B and Staff E)

Findings:

A review of the personnel records for Staff B and Staff E revealed no written statement from a health care provider documenting freedom from signs and symptoms of communicable .

An interview was conducted with the Administrator on at 10:15 AM. She confirmed there was no written statement from a health care provider documenting freedom from signs and symptoms of communicable for Staff B and E.

Class III